

Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Farr
Fattah
Ferguson
Filner
Fortenberry
Frank (MA)
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Gonzalez
Gordon
Green, Al
Green, Gene
Grijalva
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Hall (NY)
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Inglis (SC)
Inslie
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Jackson (IL)
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(TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Jones (NC)
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Knollenberg
Kucinich
LaHood
Lampson
Langevin
Lantos

Larsen (WA)
Larson (CT)
LaTourette
Lee
Levin
Lewis (GA)
Lewis (KY)
Lipinski
LoBiondo
Loeback
Lofgren, Zoe
Lowey
Lucas
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McIntyre
McNerney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Obey
Oliver
Ortiz
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Platts
Pomeroy
Porter
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Rogers (KY)
Rogers (MI)
Ros-Lehtinen
Ross
Rothman
Roybal-Allard

Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Simpson
Sires
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
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Walz (MN)
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Weiner
Welch (VT)
Wexler
Wilson (OH)
Wolf
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Wu
Wynn
Yarmuth

McHenry
McHugh
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Poe
Price (GA)

Cannon
Cooper
Davis, Jo Ann
DeGette
Dreier

Pryce (OH)
Putnam
Radanovich
Ramstad
Regula
Rehberg
Reichert
Renzi
Reynolds
Rogers (AL)
Rohrabacher
Roskam
Royce
Ryan (WI)
Sali
Schmidt
Sensenbrenner
Sessions
Shadegg
Shuster
Smith (NE)

NOT VOTING—14

McMorris
Rodgers
Murphy (CT)
Oberstar
Shaays

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised 2 minutes remain in this vote.

□ 1646

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. DREIER. Mr. Speaker, on rollcall No. 409 I was unavoidably detained during a hearing of the Committee on Rules. Had I been present, I would have voted “no.”

REMOVAL OF NAME OF MEMBER
AS COSPONSOR OF H.R. 2060

Mr. INSLEE. Mr. Speaker, I ask unanimous consent to remove from H.R. 2060 the name of NATHAN DEAL as a cosponsor. His name was inadvertently added as a cosponsor to the bill I had sponsored.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Washington?

There was no objection.

CHIROPRACTIC CARE AVAILABLE
TO ALL VETERANS ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1470) to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1470

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Chiropractic Care Available to All Veterans Act”.

SEC. 2. PROGRAM FOR PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS.

Section 204(c) of the Department of Veterans Affairs Health Care Programs En-

hancement Act of 2001 (38 U.S.C. 1710 note) is amended—

(1) by inserting “(1)” before “The program”; and

(2) by adding at the end the following new paragraph:

“(2) The program shall be carried out at not fewer than 75 medical centers by not later than December 31, 2009, and at all medical centers by not later than December 31, 2011.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Kansas (Mr. MORAN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself such time as I may consume.

We are continuing with a packet of seven bills from the Veterans' Affairs Committee that is really a thank-you in prelude to Memorial Day, a thank-you to our Nation's veterans. Memorial Day is a tribute to those who gave the ultimate sacrifice.

What we are saying is we're honoring them and all our veterans who are living with us in the United States. And as I said earlier, no matter where we are on the current debate on the war in Iraq, we are united in saying that every young woman, every young man who returns from that battle gets all the care, the attention, the love, the honor, the dignity that a grateful Nation can bestow. And that's what we are saying in these bills today.

We have already passed a bill which extends from 2 years to 5 years the ability of any returning servicemember in combat to access the VA health care system. Two years was not sufficient for those who might have brain injuries, who might have PTSD, posttraumatic stress disorder. These are, in many cases, hidden diseases. You don't know that you have it. A doctor may not diagnose it at first, and so as time goes by, you may feel the need to access the VA health care system. So we have extended that from 2 years to 5 years.

In addition, we have passed a new outreach program to meet especially the needs of rural veterans, and we will continue this package in the hour ahead.

Veterans returning home from the wars in Iraq and Afghanistan should be able to depend on medical services that they want being available in the system of health care that was built to take care of them and their unique needs.

For those returning veterans seeking care in a VA health care system, we know that the most common health problems are under the category of musculoskeletal ailments, principally joint and back disorders. We hear a lot about brain injury and PTSD, and those we have to give a lot of resources to, but 42 percent of veterans coming to the health care system have been presented to the VA with the needs of joint and back disorders.

This bill, the Chiropractic Care Available to All Veterans Act, requires

NOES—150

Aderholt
Akin
Alexander
Bachmann
Bachus
Baker
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Boozman
Boustany
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cantor
Carter
Chabot

Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, Tom
Deal (GA)
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Everett
Fallin
Feeney
Flake
Forbes
Fossella
Foxy
Franks (AZ)
Gallegly
Garrett (NJ)
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)

Hastert
Hastings (WA)
Heller
Hensarling
Herger
Hobson
Hoekstra
Issa
Jindal
Johnson, Sam
Jordan
Keller
King (IA)
King (NY)
Kingston
Kline (MN)
Kuhl (NY)
Lamborn
Latham
Lewis (CA)
Linder
Lungren, Daniel
E.
Mack
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Marchant
McCarthy (CA)
McCauley (TX)
McCotter
McCrery

that chiropractic services be made available in not fewer than 75 VA medical centers by the end of December 2009 and all the health care centers by the end of 2011.

Undoubtedly the returning service-members will be able to benefit from this care. I speak from experience as I have had chiropractic care a good part of my life. I am confident that with expansion of these services within VA, many veterans will be able to find relief from their pain.

Since the creation of the VA health care system, the Nation's doctors of chiropractic have been kept outside and all but prevented from providing proven, cost-effective and needed care to veterans. So we are grateful that access is becoming wider and wider.

The support for VA chiropractic service is bipartisan. Former Secretary of Veterans Affairs Anthony Principi released a policy directive before his departure several years ago regarding the true and full integration of chiropractic care in the VA.

Secretary Nicholson and I have developed a solid working relationship, and chiropractic care is an area where we will be working closely together. Both Republican and Democratic Members have supported the inclusion of chiropractic care in the VA.

I have worked very closely with chiropractic patients, particularly our veterans, as well as with various associations dedicated to the profession such as the American Chiropractic Association.

Veterans are returning home from combat expecting to receive needed services. Let us not disappoint them. Expansion of chiropractic services is the right thing to do, and it is the least we can do for our returning heroes.

I urge support of H.R. 1470.

Mr. Speaker, I reserve the balance of my time.

Mr. MORAN of Kansas. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, there are thousands of veterans across this country who could benefit from additional medical care and treatment, and chiropractic care is one form of that care and treatment that we believe can be expanded to meet the health care needs of our Nation's veterans.

It's an honor for me to be here today, just a few days in advance of Memorial Day, in support of legislation that I believe will benefit those veterans.

Mr. Speaker, in the year 2002, I joined my colleagues in an effort to see that chiropractic care became a significant component of the VA health care delivery system, and we have made progress in that regard. And that program has been implemented, but as the chairman indicated, as the gentleman from California indicated, it's only available in a small number of hospitals across the country.

This legislation takes what was a very good idea in 2002 and 2003 and expands it to make certain that, over

time, all veterans in this country can access chiropractic care.

A recent VA study indicates that the demand for attention to back pain is only increasing, and we know that chiropractic care can address those issues. Numerous studies have demonstrated that chiropractic care is an effective therapy and would be an effective approach to low back pain, spasms, and other maladies suffered by not only all Americans but by our veterans in particular.

And so, Mr. Speaker, this is a piece of legislation that I think will benefit all veterans across the country, widely supported by those veterans service organizations who speak here in our Nation's Capitol on behalf of veterans. The Disabled American Veterans, the Veterans of Foreign Wars, the Vietnam Veterans of America, AMVETS, and the Paralyzed Veterans of America all speak in favor of passage H.R. 1470.

Mr. Speaker, I come from a congressional district in which access to health care is a huge issue for all of my citizens. Long distances to travel, attraction of health care providers to rural communities is a challenging task and the more we can expand the number of providers, the type of care that can be provided, the more likely it is that veterans who live in my district and rural America will have access to that care.

So, Mr. Speaker, I'm here on behalf of the veterans of America. I'm here on behalf of members of the Veterans' Affairs Committee to urge my colleagues to approve H.R. 1470, the Chiropractic Care Available to All Veterans Act.

I thank the gentleman from California for his encouragement of the passage of this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I yield as much time as she may consume to the gentlewoman from South Dakota (Ms. HERSETH SANDLIN).

Ms. HERSETH SANDLIN. Mr. Speaker, I thank the gentleman for yielding, and I do rise in strong support today of H.R. 1470.

I want to thank Chairman FILNER for introducing this important bill and for his efforts to advance it through committee. I also would like to thank Ranking Member BUYER and Health Subcommittee Chairman MICHAUD for their work and support in moving the bill through each step in the committee process.

Chiropractic care has been shown to be a valuable and cost-effective health care approach, which benefits millions of Americans. Passage of this bill is an important step in our efforts to broaden veterans access and options for health care services.

Currently the VA is only required to provide chiropractic services on a limited basis to veterans in each geographic service area. For veterans in rural parts of the country, as Mr. MORAN was explaining, whether it's in Kansas or my home State of South Da-

kota, limited access to chiropractic care has forced many veterans to either drive several hours to a VA medical center that offers chiropractic services, or to not receive the chiropractic care that they need.

So it's important that veterans be granted the same health care options as the rest of the American population, including the availability of chiropractic services.

I look forward to continue working with my colleagues on the Veterans' Affairs Committee to provide veterans with chiropractic and other health care services that they've earned and deserve.

I ask my colleagues to support H.R. 1470.

Mr. MORAN of Kansas. Mr. Speaker, I would ask the balance of my time? How much time is remaining?

The SPEAKER pro tempore. The gentleman from Kansas has 17 minutes remaining.

Mr. MORAN of Kansas. Mr. Speaker, I yield 15 minutes to the gentleman from Indiana (Mr. BUYER), former chairman of the committee and the ranking member.

Mr. BUYER. I thank the gentleman for yielding, and I want to thank also not only you but also in particular Ms. HERSETH SANDLIN and Mr. MICHAUD for their work on this bill.

I'm pleased to support H.R. 1470, the Chiropractic Care Available to All Veterans Act, that would require a phased implementation to provide chiropractic care in all VA medical centers by December 31, 2011.

Under a policy guidance that I gave under the House Republican alternative budget resolution for fiscal year 2008, we provided an additional \$100 million for veterans medical services to support the hiring of doctors of chiropractic care at all 155 VA medical centers. I have history dating back to the 106th Congress for supporting chiropractic care.

The Military Personnel Subcommittee of the House Armed Services Committee worked to include chiropractic care services as a benefit in the military health facilities and through TRICARE.

VA is currently offering chiropractic care in 30 VA medical centers and provides chiropractic care on a fee-for-service basis for veterans who are geographically distant from a VA medical facility. In fiscal year 2006, the VA paid over \$1 million to fee-based chiropractic providers to treat roughly 3,000 veterans, and I support the passage of this bill.

I would also note, Mr. Speaker, that I'm very concerned because the chairman just spoke that the reason, words to the effect, that he's brought these seven bills to the floor is to represent what a grateful Nation bestows. But what I'm concerned about the seven bills being considered today under the suspension of the rules, only one, H.R. 2199, is being considered with a bill report having been filed.

I believe this is yet another way in which the majority of this Veterans' Affairs Committee is breaking with past practices. When you do not file a report with a bill that comes to the floor, you are essentially denying Members of the minority the opportunity to file supplemental, minority and additional views on legislation under House rule XI, clause 2(i).

Since the time of Sonny Montgomery, the Committee on Veterans' Affairs has filed bill reports with every veterans bill other than resolutions such as H. Res. 392 or a facility naming bill; which is what I'm asking for Mr. FILNER to do to honor the recipient of the Medal of Honor with regard to the naming of the VA medical center in Albuquerque, NM, and the minority has thus had the opportunity to file views.

The veterans bills being considered by the House today, H.R. 67, H.R. 1660, H.R. 612, H.R. 1470 and H.R. 2239, were all ordered favorably reported, with the exception of H.R. 1470, ordered reported from the Committee on Veterans' Affairs with amendments. However, the chairman of the Veterans' Affairs has filed no bill with reports on any of them. Not only does this deprive the minority of the opportunity to file views, but it deprives veterans and the rest of the interested public from having important legislative history which discusses the background of legislation and explains the committee's intent as well as the amendments.

□ 1700

All of this is compounded by the fact that most of these bills were ordered reported without hearings that would have provided an historical record for legislation. The majority also has not bothered to obtain the position of the administration on most of these bills.

There is no reason for taking such shortcuts. I would have filed additional views on H.R. 1660, in particular, if the opportunity had been available. These are not expedited pieces of legislation involving an emergency situation. There has been ample time to follow the customary regular order and do that which is right.

We will now be at a disadvantage when conferring with the Senate. I fully expect the House to pass these bills overwhelmingly, but it is not a good way to legislate on behalf of our Nation's veterans.

I understand all the committees operate under the suspension of the rules to bring legislation to the floor. I wish that there were a collegial relationship between the chairman and the ranking member. It does not exist, unfortunately.

If, in fact, he would confer and work with us, we wouldn't have to work these things out or make an attempt to work these things out on the House floor.

Once again, I will make an attempt, and I will ask Chairman FILNER if he would call up HEATHER WILSON's bill and allow us, when we return after the

Memorial Day break, to have HEATHER WILSON's bill, H.R. 1474, brought to the House floor under the suspensions.

Mr. Chairman, I yield to you.

PARLIAMENTARY INQUIRY

Mr. FILNER. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore (Mr. CAPUANO). Does the gentleman from Indiana yield for a parliamentary inquiry?

Mr. BUYER. I would yield to the chairman for a parliamentary inquiry and respond to the question.

Mr. FILNER. Mr. Speaker, is it a requirement that committees have to file reports with legislation that is very straightforward?

The SPEAKER pro tempore. The motion to suspend the rules obviates any point of order on such issues.

Mr. FILNER. I thank you, and I hope the ranking member heard that.

Mr. BUYER. Mr. Speaker, once again, reclaiming my time, the American people get to see the abuse of power that I have to deal with.

Rather than working collegially with us, with regard to filing reports, it's just, well, we don't have to do it. We'll just bring it to the floor. It doesn't matter. Really? Is that how we're going to legislate? We're just going to be sloppy about the Nation's business? I don't think that's a proper way of paying respect to our Nation's veterans, and it's very unfortunate.

I yield to my colleague, the chairman of the committee, to respond to my question that will you permit, under the suspension of the rules, to consider H.R. 474 when we return after Memorial Day break so that we may honor Raymond Jerry Murphy and rename the Albuquerque VA Medical Center after him.

Mr. Chairman, I yield to you.

Mr. FILNER. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. Does the gentleman from Indiana yield for a parliamentary inquiry?

Mr. BUYER. I do not yield for a parliamentary inquiry. I think the purpose of my yielding to the chairman was to get a good response, whereby we have criteria, before the committee, with regard to how we name VA medical centers.

There is an individual, all the criteria have been satisfied, and I asked a very simple question of the chairman, if he would suspend the rules and bring it to the floor. I have written him twice. He doesn't respond to the letters. It has passed the Senate. A bill lays upon the desk, and I asked a very simple question.

All he wants to do is a parliamentary inquiry. So maybe we will be enlightened if I let him do a parliamentary inquiry.

Mr. Chairman, I yield to you for a parliamentary inquiry.

PARLIAMENTARY INQUIRY

Mr. FILNER. Mr. Speaker, am I required to engage in political debate with the ranking member when we are

discussing a bill very important to veterans?

The SPEAKER pro tempore. The gentleman has not stated a point of parliamentary inquiry.

Mr. FILNER. I would inform the ranking member that I am not going to respond to political debate.

The SPEAKER pro tempore. The gentleman from Indiana has the time.

Mr. BUYER. Thank you. I would yield back to the gentleman, since he did not address a parliamentary inquiry during his question. I yield to him, if you would like to have a statement.

Mr. FILNER. It's your time.

Mr. BUYER. Pardon? I yield to the chairman.

Well, this is pretty interesting. It's pretty hard to run the Nation's business if the chairman will not even respond to somebody on the House floor.

It's also very disappointing if, in fact, this is the way we are supposed to honor America's veterans whereby the chairman of the majority party is acting like this.

I suppose what I should do is work with my good friend Mr. MICHAUD, who is the chairman of the Health Subcommittee, who has the ability to call this bill up and to mark this bill up. Obviously, even though he were to mark this up in the subcommittee, it would still be held at the full committee, if the chairman wants to continue to play politics.

Mr. FILNER. Mr. Speaker, I yield as much time as she may need to the gentlelady from Florida (Ms. CORRINE BROWN), who has now for 15 years fought side by side with me on behalf of our Nation's veterans. She is a fighter, and we are proud of her. You have the floor, Ms. BROWN.

Ms. CORRINE BROWN of Florida. First of all, let me thank Chairman FILNER for shepherding the bills that we have here on the floor, for bringing these bills to the floor on this date.

Mr. Speaker, I have been on Veterans' Affairs for 15 years, and as we approach Memorial Day, we do it to honor our veterans. The entire time I have been proud to be on this committee, because it is what we do for our veterans.

One of the things, Mr. BUYER, that I have enjoyed about serving on this committee is that it has always been bipartisan. We have always worked together for the veterans in this country, and we need to continue to do that.

As we move into this Memorial Day, and I think about what I have to do next Monday, when I go home, to face those families, we need to be honoring them today here on the floor of the House of Representatives.

If we have any personal matters, it needs to be taken up at that particular time and not here on the floor of the House of Representatives.

Earlier today I had the privilege of joining the Congressional Women's Caucus at the Women in Military Service for America Memorial at Arlington

National Cemetery. Earlier today we honored four members of the United States Armed Forces, and it was my privilege to be there. The late Congresswoman Juanita Millender-McDonald, a key member in the Women's Caucus, was instrumental in organizing this year's celebration.

It wasn't until 1971 that the last Monday in May became the official national holiday, as we know today, as Memorial Day. The day itself was born from the tragedy of the Civil War when soldiers and family members in the North and the South decorated the graves of fallen soldiers with flowers.

In 1868, seeking to formalize this touching tribute, General John Logan, Commander in Chief of the Grand Army of the Republic, issued General Order Number 11 designating May 30, 1868, as Decoration Day, for the purpose of laying flowers and decorating graves of those who died in the defense of their country, our great country.

All together, these bills move benefits for veterans into the 21st century. From extending the eligible period for health care for combat service in the Persian Gulf to treating of trauma, brain injury, vocational rehabilitation benefits, chiropractic benefits and outreach activities at the VA, finally to deal with the final resting place for those who have sacrificed for the freedom of this Nation, these bills and this House honor our Nation's veterans.

I support all of these bills, and I urge my colleagues to support them as well. Let us all honor the veterans who have done so much for us and these families as we go into Memorial Day.

God bless America.

Mr. MORAN of Kansas. Mr. Speaker, I yield back the balance of my time.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 1470.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 1470.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. FILNER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

TRAUMATIC BRAIN INJURY HEALTH ENHANCEMENT AND LONG-TERM SUPPORT ACT OF 2007

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2199) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide certain improvements in the treatment of individuals with traumatic brain injuries, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2199

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007".

SEC. 2. SCREENING, REHABILITATION, AND TREATMENT FOR TRAUMATIC BRAIN INJURY.

(a) SCREENING, REHABILITATION, AND TREATMENT FOR TRAUMATIC BRAIN INJURY.—

(1) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by adding at the end the following new subchapter:

"SUBCHAPTER IX—TRAUMATIC BRAIN INJURY

"§ 1791. Screening for traumatic brain injuries

"(a) SCREENING PROGRAM.—The Secretary shall establish a program to screen veterans who are eligible for hospital care, medical services, and nursing home care under section 1710(e)(1)(D) of this title for symptoms of traumatic brain injury.

"(b) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

"(1) The number of veterans screened under the program during the year preceding such report.

"(2) The prevalence of traumatic brain injury symptoms among the veterans screened under the program.

"(3) Recommendations for improving care and services to veterans exhibiting symptoms of traumatic brain injury.

"§ 1792. Comprehensive program for long-term traumatic brain injury rehabilitation

"(a) COMPREHENSIVE PROGRAM.—The Secretary shall develop and carry out a comprehensive program of long-term care for post-acute traumatic brain injury rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary treatment teams.

"(b) LOCATION OF PROGRAM.—The Secretary shall carry out the program developed under subsection (a) in four geographically dispersed polytrauma network sites designated by the Secretary.

"(c) ELIGIBILITY.—A veteran is eligible for care under the program developed under subsection (a) if the veteran is otherwise eligible for care under this chapter and—

"(1) served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998;

"(2) is diagnosed as suffering from moderate to severe traumatic brain injury; and

"(3) is unable to manage routine activities of daily living without supervision or assistance.

"(d) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

"(1) A description of the operation of the program.

"(2) The number of veterans provided care under the program during the year preceding such report.

"(3) The annual cost of operating the program.

"§ 1793. Traumatic brain injury transition offices

"(a) ESTABLISHMENT.—The Secretary shall establish a traumatic brain injury transition office at each Department polytrauma network site for the purposes of coordinating the provision of health-care and services to veterans who suffer from moderate to severe traumatic brain injuries and are in need of health-care and services not immediately offered by the Department.

"(b) COOPERATIVE AGREEMENTS.—The Secretary, through each such office established under subsection (a), shall have the authority to arrange for the provision of health-care and services through cooperative agreements with appropriate public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs.

"§ 1794. Traumatic brain injury registry

"(a) IN GENERAL.—The Secretary shall establish and maintain a registry to be known as the 'Traumatic Brain Injury Veterans' Health Registry' (in this section referred to as the 'Registry').

"(b) DESCRIPTION.—The Registry shall include the following information:

"(1) A list containing the name of each individual who served as a member of the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom who exhibits symptoms associated with traumatic brain injury and who—

"(A) applies for care and services from the Department under this chapter; or

"(B) files a claim for compensation under chapter 11 of this title on the basis of any disability which may be associated with such service; and

"(2) any relevant medical data relating to the health status of an individual described in paragraph (1) and any other information the Secretary considers relevant and appropriate with respect to such an individual if the individual—

"(A) grants permission to the Secretary to include such information in the Registry; or

"(B) is deceased at the time such individual is listed in the Registry.

"(c) NOTIFICATION.—The Secretary shall notify individuals listed in the Registry of significant developments in research on the health consequences of military service in the Operation Enduring Freedom and Operation Iraqi Freedom theaters of operations.

"§ 1795. Centers for traumatic brain injury research, education, and clinical activities

"(a) PURPOSE.—The purpose of this section is to provide for the improvement of the provision of health care to eligible veterans with traumatic brain injuries through—

"(1) the conduct of research (including research on improving facilities of the Department concentrating on traumatic brain injury care and on improving the delivery of traumatic brain injury care by the Department);

"(2) the education and training of health care personnel of the Department; and